

SOCIAL WORK COMPONENT PROGRAM AUDIT WORKING PAPER (SR 2B-WP)

	INITIALS	DATE
Prepared By:		
Approved By:		

PROVIDER NAME:	PROGRAM NAME:	PROGRAM NUMBER:	PROGRAM AUDIT DATE:
EMPLOYEE/CONTRACTOR:			AUDIT PERIOD:
DATE HIRED:		DATE TERMINATED:	

A. EVIDENCE OF CCL COMPLIANCE (FOR PAYROLL SOCIAL WORKERS):

In file? ☐ YES ☐ NO Dates: _____ FP submission _____ Association _____ Exemption _____ Child Abuse Index _____

B. PAYROLL/CONTRACT HOURS (SR 2B - Column A)

☐ YES ☐ NO

Documentation Reviewed:

☐ Contract ☐ Agency Payroll Records ☐ Timesheets ☐ Client Files ☐ Other - Specify: _____

C. "DIRECT HOURS" CONTRACT (SR 2B - Column C1) (Refer to MPP Section 11-402.222(d))

☐ YES* ☐ NO

If YES, complete SW Direct Contact Contract Worksheet

Documentation Reviewed:

☐ Contract ☐ Personnel Records ☐ Itemized Billing Statement ☐ Client Files ☐ Other - Specify: _____

D. PROFESSIONAL LEVEL (Refer to MPP Sections 11-402.222(a) and (b))

Professional Level Reviewed:

Reported:

☐ LCSW (2.5) ☐ MFT (2.5) ☐ MSW (2.0) Or ACSW (Intern) 60 units ☐ MSC (2.0) 60 units ☐ MA/eligible for MFT exam (1.75) ☐ Pre-1990 or BSW + 2 years experience (1.5)

Verified:

☐ LCSW (2.5) ☐ MFT (2.5) ☐ MSW (2.0) or ACSW (Intern) 60 units ☐ MSC (2.0) 60 units ☐ MA/eligible for MFT exam (1.75) ☐ Pre-1990 or BSW + 2 years experience (1.5)

☐ None verified ☐ License No. _____

☐ Other/Specify: _____

Documentation Reviewed:

☐ Consumer Affairs License ☐ Transcripts ☐ Diploma ☐ Other-Specify: _____

☐ Internet Verification ☐ Registration (Intern/Associate)

If weighting different from provider's weighting: No current license on file for LCSW/MFT ☐

No documentation for education claimed ☐ Employee does not qualify as a social worker ☐